

CITY OF HARRISONBURG  
APPLICATION FOR UTILITY SERVICES  
2155 Beery Rd  
Harrisonburg VA 22801  
540-434-9959  
540-434-9769 fax

**\*\* FOR OFFICE USE ONLY\*\***

DEPOSIT PAID \$\_\_\_\_\_CK#\_\_\_\_\_CASH  
LANDLORD Y OR N

New Residents requiring water, sewer, and trash service may complete this Service Application online and forward it to the City of Harrisonburg/Public Utilities at the above address. ***All applications must be submitted along with a security deposit, which will be applied to your account upon receipt of (12) twelve consecutive on time payments, or refunded upon account closure ,(we reserve the right to apply deposit as final payment as necessary).*** The City of Harrisonburg does *not* pay interest on deposits.

Please contact the City of Harrisonburg at the telephone number above or via email to the Utilities Services Manager at [sherrib@harrisonburgva.gov](mailto:sherrib@harrisonburgva.gov) should you have any questions. The City of Harrisonburg Public Utilities conducts business in accordance with the City Ordinance (Title 7 Chapters 1-5). For questions or details please visit [www.harrisonburgva.gov](http://www.harrisonburgva.gov)

DO NOT WRITE ABOVE THIS LINE

ACCT. NUMBER: \_\_\_\_\_

PLEASE PRINT

NAME: \_\_\_\_\_ SEX: M F  
LAST FIRST MI circle one

SERVICE ADDRESS: \_\_\_\_\_

ARE YOU: RENTING or BUYING or OWN SERVICE START DATE: \_\_\_\_\_  
circle one

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT)

CITY STATE ZIP

HOME OF RECORD/ALT ADDRESS: \_\_\_\_\_

CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ LAST 4 OF SSN: \_\_\_\_\_

DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP: \_\_\_\_\_

PERMISSION TO DISCUSS ACCOUNT WITH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

FOR INTERNET / ONLINE PAYMENT OPTION:

EMAIL ADDRESS: \_\_\_\_\_

PIN #: \_\_\_\_\_ (4 to 8 alphanumeric digits)

*I understand that I am responsible for collection and legal costs associated with pursuit of any delinquent account. I further recognize that to provide a forwarding address upon termination of service may avoid the above costs.*

*I hereby consent to the jurisdiction of the courts of Rockingham County over any action filed against me for the collection of my account. The undersigned agrees and recognizes that by signature they enter into contract bound by City Ordinance Title 7 Chapters 1-5 and are obligated to monthly payments.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_